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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
GILES S. PORTER, M.D., Director

Weekly Bulletin

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Experts Report on Anti-diphtheric Vaccination

A commission of experts to study the problems related to vaccination against diphtheria was appointed by the Committee of Hygiene of the League of Nations. This commission met in London June 17–20, and their report has just been received by Dr. K. F. Meyer, Director of the Hooper Foundation for Medical Research, who has, generously, translated it for the readers of this publication. The report follows:

A commission of experts assembled in London on June 17–20, 1931, under the auspices of the Committee of Hygiene of the League of Nations was entrusted with the task of studying the question of vaccination against diphtheria.

This commission was presided over by Professor Madsen, President of the Committee of Hygiene of the League of Nations. Among the others who attended were the following hygienists and technicians of the different nations: Doctors Friedemann, Seligmann, Praunitz, Prigge, Fischer of Germany; Dale, Hartley, Harries, O'Brien of Great Britain; Baccher, Busson of Austria; Fraser of Canada; Bie of Denmark; McCoy of the United States; Debré, Ramon of France; Gorter of Holland; Tomesick of Hungary; Maggiora, Pepeu of Italy; Abe of Japan; Hirzfeld of Poland; Ciuca of Roumania; and Schubert of Czecho-Slovakia.

These experts have carefully examined the results which form a part of their comparative studies on vaccination which were outlined in the program prepared by the previous reunion in July, 1929, in Paris and have also analyzed the numerous documents which have accrued during the past year.

The conclusions which were finally adopted and proposed to the Committee on Hygiene are as follows:

1. Vaccination against diphtheria provokes an important diminution in the mortality and morbidity among the vaccinated. The value of this statement is indicated by the rigorous comparisons which have been made since the last inquiry. The diminution in mortality and morbidity is considerable among the vaccinated children, particularly when the conditions of administration are satisfactory and when efficient vaccines are used.

2. The reactions which have sometimes been obtained after injections of the vaccine are not formidable and they should never prevent the propaganda in favor of vaccination among the children, inclusive of the tuberculous, and should not prevent the choice of the most potent vaccines.

3. In a general manner and from a strictly clinical point of view it is proven that the efficacy of the vaccination may best rely on the Schick reaction, despite the existence of certain exceptional instances.

4. In basing the conclusions on the morbidity data and on the percentage of positive Schick reactions which become negative after the immunizations and on a certain number of antitoxin titrations which were made with the blood of the vaccinated, one may conclude that the anatoxin is the most efficacious of all the antigens which have been the object of a comparative study. Toxin-antitoxin mixtures and the anatoxin may for the present be recommended.

5. The clinical studies submitted to a study by the conference have shown that the immunizing property of the anatoxin in man may in conjunction with the antigenic potency be evaluated by means of the flocculation test. In this manner one may find a common understanding for the standardization and for the control of the different types of prophylactic vaccines against diphtheria.

6. The method of administration which is *recommended is subcutaneous.* The nasal route may be used in case the subcutaneous can not be employed. The cutaneous method has not given, according to our experience, favorable results.

7. *Vaccination must consist of three injections.* One may hope that in the future the use of a more active antigen may permit the procedure of vaccination to be reduced to two and possibly one injection.

8. *The time intervals recommended are three weeks between the first and second injections and at least two weeks between the second and third.*

9. It has not been found necessary to practice the Schick reaction before the vaccination. Occasionally, it may perhaps be of interest to perform the Schick test before and after the vaccination in a certain number of patients in order to control the value of the method of the vaccination which has been employed.

10. Vaccination against diphtheria is recommended for the pre-school period to begin at the end of the first year of life.

11. In case the children have not been vaccinated in the pre-school period, they should be vaccinated during the first year when they enter school. It is furthermore recommended at the various charitable institutions and administrations which assem-

ble large groups of children, such as summer colonies, sanatoriums, preventoriums, etc., that they demand at once from the personnel and the children a certificate of vaccination against diphtheria or a certificate which declares that the Schick reactions of the child are negative.

12. Vaccination is also recommended for the various hospital wards, the asylums, the dispensaries, sanatoria, schools, etc., and in particular, for the personnel of hospitals.

13. Vaccination is also recommended during periods of epidemic distribution of disease and also for children who have been in contact with diphtheria patients. There is no documentary evidence at present available which would indicate that there is an existence of a negative phase.

14. Vaccination against diphtheria should be the object of active propaganda on the part of public health administrations of the different countries in order to enlighten the public on the advantages of this public health protective measure.

HAND-WASHING AND COMMON COLDS

In a publication issued recently by the United States Public Health Service the following statement appeared: "In many common colds the infective agent is found in the nasal secretions of the victim, who acquired the infection by indirect contact with someone else suffering from the disease. If you wish to avoid a cold, give your sneezing, coughing friends a wide berth. The difficulty of avoiding infection is frankly acknowledged. During the cold season of the year, colds are very prevalent, and a large number of the patients are walking abroad in the land because they will not be kept in by 'just a cold.' The innocent bystanders suffer. They are sprayed with the infection liberated by a chorus of sneezes. The hands of a person with a cold are practically sure to be infected from his nasal secretions, and the infection will be conveyed to articles he handles and to other hands which he touches. Hence, it is almost impossible to avoid direct or indirect contact with the infection, unless the people who have colds are willing to take measures for the protection of their fellows."

Frequent hand-washing by individuals who suffer from colds and by their associates might have considerable effect in preventing the spread of the infection. It would certainly be a worthy practice, both at home and in the office, for frequent hand-washing by those who have colds and by those who have not contracted them, as well.

NEVADA COUNTY CHILDREN GIVEN TOXOID

Increased incidence of diphtheria in several sections of the State has warranted the inauguration of special campaigns in diphtheria control in several such communities. It would appear that diphtheria is now slightly more prevalent than usual at this season of the year. In Nevada County, toxoid was given to children under nine years of age and toxin anti-toxin to all children over that age. A total of 774 school children, from thirty-one schools in the county, were vaccinated against diphtheria.

VITAL STATISTICS REGISTRATION LAW AMENDED

By **Marie B. Stringer**, State Registrar of Vital Statistics

Prior to the passage of Chapter 936 of the Statutes of 1931, only health officers of chartered cities of five thousand or more inhabitants were local registrars of vital statistics. Within recent years the registration of vital statistics has acquired a greater public health significance than formerly, when the legal phase of registration was of paramount importance. At the present time health officers desire the information contained upon these certificates, especially those for death, in order that they may analyze the factors operative in causing death, and incidentally ill health, in their community.

By this new amendment to our law, county health officers who hold contracts with cities of five thousand or more population, become by law the local registrars of vital statistics in that city. By cooperating with the full time county health officers in the State, the rural territory under their supervision is gradually being given to them for the registration of vital statistics, as well as all other health supervision. On the whole we find such an arrangement very satisfactory, and we believe that it will ultimately increase the proportion of certificates registered, especially for births.

The new law is mainly operative in Los Angeles County where there is a strong, well organized county health department under the supervision of Dr. John L. Pomeroy. On October first, Dr. Pomeroy took over the registration of vital statistics in the following cities: Alhambra, Arcadia, Bell, Belvedere, Compton, Glendale, Hawthorne, Hermosa Beach, Huntington Park, Inglewood, Lynwood, Maywood, Monrovia, Montebello, Monterey Park, Pomona, Redondo Beach, San Fernando, San Gabriel, San Marino, Santa Monica, South Gate, Torrance and Whittier. In sixteen of these cities the deputies of the county health officer were acting as deputy registrars of vital statistics by agreement, but these are now legally under the supervision of the county health officer himself which will lead to uniformity and improved registration. This is somewhat noticeable at the present, even though the law has been in effect such a short time. Besides these cities, the unincorporated areas surrounding Compton, Glendale, Inglewood, Monrovia, Pomona, Redondo Beach, Santa Monica have been given to the county health officer. This is not such a change, as they were formerly administered by the district health officers. The rural territory surrounding San Gabriel and Whittier have also been added to the territory supervised by Dr. Pomeroy.

There are other counties in the State where this law is applicable, but these counties as a whole are not so well organized to care for the registration of vital statistics. In some places there is not help enough in the health department, and other arrangements have to be made, but in almost all cases the health officer is glad of the opportunity to be able to thus check his work. The cities affected by this law are listed below:

City	County	Co. Health Officer
Martinez	Contra Costa	Dr. I. O. Church, Martinez
El Centro	Imperial	Dr. Warren Fox, El Centro
Monterey	Monterey	Dr. R. M. Fortier, Salinas
Pacific Grove	Monterey	Dr. R. M. Fortier, Salinas
Anaheim	Orange	Dr. K. H. Sutherland, Santa Clara
Fullerton	Orange	Dr. K. H. Sutherland, Santa Clara
Orange	Orange	Dr. K. H. Sutherland, Santa Clara
Santa Ana	Orange	Dr. K. H. Sutherland, Santa Clara
National City	San Diego	Dr. Alex M. Lesem, San Diego
Lodi	San Joaquin	Dr. John J. Sippy, Stockton
Stockton	San Joaquin	Dr. John J. Sippy, Stockton
Santa Maria	Santa Barbara	Dr. R. C. Main, Santa Barbara
Santa Clara	Santa Clara	Dr. C. M. Burchfiel, San Jose
Oxnard*	Ventura	Dr. J. A. King, Ojai.
Santa Paula*	Ventura	Dr. J. A. King, Ojai.

* These three cities have not yet been taken over by the county health department.

SCHOOLS AND HOSPITALS MAY USE MILK PITCHER

The Attorney General has ruled that the law relating to serving milk from original containers does not apply to universities, hospitals, schools and boarding schools. In response to a request from Dr. George E. Ebright, President of the State Board of Public Health, the Attorney General gave the opinion expressed in the following letter:

STATE OF CALIFORNIA
LEGAL DEPARTMENT
San Francisco, November 13, 1931.

Honorable George E. Ebright, President,
California State Board of Public Health,
San Francisco.

Dear Sir:

In your letter of November 6th you request to be advised whether you are correct in interpreting the milk law relating to the serving of milk in original containers to the effect that hospitals, schools and universities are not boarding houses within the purview of the regulation. You state that from the public health point of view it is desirable that universities, schools, boarding schools and places of a like nature should be permitted to serve milk from pitchers rather than from the original container.

In your communication you refer to regulation 19 (e) of the Department of Agriculture, which you quote as follows:

> "When milk is served in any hotel, boarding house, restaurant, saloon, lunch counter or other place of public entertainment, market milk shall be served in the original bottle, cap of which shall not be removed except in the presence of consumer or patron."

I am of the opinion that your interpretation is correct in this matter, and that this regulation does not apply to universities, hospitals, schools and boarding schools. Institutions of that character are not places of public entertainment, and it is apparent that from the language used in the regulation it is only applicable to hotels, boarding houses, restaurants and lunch counters which are patronized generally by the public. Otherwise there would be no effect to be given to the language contained in the regulation, "or other places of public entertainment."

Very truly yours,

U. S. WEBB, Attorney General,
By (Signed) CHARLES A. WETMORE, Deputy.

SOURCES OF CITY NOISE

The Noise Abatement Commission of the New York City Department of Health, in its report to Dr. Shirley W. Wynne, City Health Officer, cites a classified list of city noise sources which is reproduced herewith. Not all of these sources apply to California cities but some of them may be found in many of our communities:

Traffic

Automobiles
Trucks
Buses
Motorcycles
Horns
Brakes
Cut-outs
Gears
Defective mufflers
Exhaust whistles
Rattling parts
Rattling loads
Sirens
Bells
Doormen's whistles

Transportation

Trolley cars
Trains—subway
Elevated railroads
Turnstiles
Brakes
Rattling—
  Wheels
  Bodies
Defective—
  Switches
  Joints
Wheel impact
Whistles
Bells
Steam and other exhausts
Shifting cars

Miscellaneous

Airplanes
Factories
Resaurants
Amusement halls

Building operation

Pneumatic drills and riveters
Exhausts from steam and gasoline—
  Hoists
  Shovels
Pile drivers
Blasting
Unloading
Loading
Shouting
Compressors

Homes

Loud speakers
Pianos
Phonographs
Musical instruments
Late parties
Barking dogs

Streets

Radio and music stores
Peddlers
Loiterers
Garage and taxi stands

Harbor and river

Whistles
Bells
Sirens
Motor exhausts
Horns

Collection, deliveries

Ash
Garbage
Milk
Papers
Food
Mail
Express

History is the essence of innumerable biographies.—*Thomas Carlyle.*

The richest soil, if uncultivated, produces the rankest weeds.—*Plutarch.*

MORBIDITY*

Diphtheria.

110 cases of diptheria have been reported, as follows: Alameda County 1, Fresno County 1, Kern County 4, Kings County 2, Los Angeles County 17, Alhambra 2, Burbank 1, Huntington

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* From reports received on November 23d and 24th for week ending November 21st.

Park 1, Inglewood 2, Long Beach 1, Los Angeles 42, San Fernando 2, San Marino 1, Santa Monica 2, Torrance 1, Hawthorne 1, Madera County 1, Monterey County 1, Orange County 2, Fullerton 1, Santa Ana 2, Riverside County 1, Riverside 4, Sacramento 3, Redlands 1, San Bernardino 1, San Diego 2, San Francisco 1, Santa Barbara 1, Santa Clara County 1, San Jose 1, Santa Clara 1, Modesto 1, Tulare County 1, Lindsay 1, Ventura County 1, Fillmore 1.

Scarlet Fever.

134 cases of scarlet fever have been reported, as follows: Alameda County 1, Berkeley 1, Oakland 7, Piedmont 1, Gridley 1, Pittsburg 4, Fresno County 3, Kern County 5, Kings County 1, Los Angeles County 11, Avalon 1, Compton 4, Culver City 1, Huntington Park 1, Long Beach 4, Los Angeles 47, Pasadena 1, Redondo 2, Santa Monica 1, Sierra Madre 1, Whittier 1, Torrance 2, Hawthorne 1, Merced County 1, Monterey County 1, Anaheim 2, Fullerton 1, Sacramento 1, San Bernardino 1, San Francisco 4, San Luis Obispo 1, Santa Barbara 2, San Jose 1, Santa Cruz County 3, Redding 6, Stanislaus County 1, Sutter County 2, Yuba City 1, Tulare County 3, Ventura County 1.

Measles.

181 cases of measles have been reported, as follows: Alameda 3, Berkeley 1, Fresno County 1, Fresno 1, Humboldt County 24, Eureka 81, Los Angeles County 2, Long Beach 1, Los Angeles 3, Lynwood 1, Monterey County 5, Pacific Grove 5, Sacramento 32, San Bernardino 1, San Francisco 15, Santa Barbara 1, Santa Maria 1, Tulare 3.

Smallpox.

3 cases of smallpox have been reported, as follows: San Francisco 2, Tulare 1.

Typhoid Fever.

14 cases of typhoid fever have been reported, as follows: Kern County 1, Glendale 1, Los Angeles 1, Madera 1, Orange County 4, Riverside 2, San Francisco 3, Fillmore 1.

Whooping Cough.

127 cases of whooping cough have been reported, as follows: Alameda 1, Berkeley 1, Oakland 4, Contra Costa County 1, Los Angeles County 5, Inglewood 1, Los Angeles 15, Orange County 5, Sacramento 4, San Diego 12, San Francisco 8, San Joaquin County 13, Stockton 20, San Luis Obispo 3, Santa Barbara County 17, Lompoc 2, Santa Barbara 2, Santa Maria 3, Santa Clara County 1, San Jose 1, Ventura County 7, Fillmore 1.

Meningitis (Epidemic).

4 cases of epidemic meningitis have been reported, as follows: Oakland 1, Glendale 1, Inglewood 1, Salinas 1.

Poliomyelitis.

5 cases of poliomyelitis have been reported, as follows: Bakersfield 1, Los Angeles 2, Gustine 1, Willow Glen 1.

Undulant Fever.

2 cases of undulant fever have been reported, as follows: Los Angeles 1, San Bernardino 1.

Trichinosis.

One case of trichinosis from San Francisco was reported.

Septic Sore Throat.

One case of septic sore throat from Los Angeles was reported.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending Nov. 21 received by Nov. 24	Week ending			Reports for week ending Nov. 22 received by Nov. 25
	Oct. 31	Nov. 7	Nov. 14		Nov. 1	Nov. 8	Nov. 15	
Actinomycosis	0	0	0	0	1	0	0	0
Anthrax	0	0	0	0	0	0	1	0
Botulism	0	1	0	0	0	0	0	0
Chickenpox	182	222	285	256	213	188	188	277
Coccidioidal Granuloma	1	0	0	0	0	1	0	0
Diphtheria	112	107	133	110	49	86	81	66
Dysentery (Amoebic)	4	4	0	1	1	1	0	0
Dysentery (Bacillary)	10	3	6	3	6	2	1	3
Encephalitis (Epidemic)	1	2	1	0	5	0	1	2
Erysipelas	15	12	15	13	10	11	12	11
Food Poisoning	3	2	0	0	1	0	0	0
German Measles	4	7	6	15	8	11	6	10
Gonococcus Infection	352	159	201	146	156	157	135	158
Influenza	44	41	44	72	30	29	27	31
Leprosy	0	1	0	0	0	0	0	0
Malaria	3	2	3	2	2	0	1	0
Measles	112	169	105	181	132	114	103	117
Meningitis (Epidemic)	9	2	5	4	1	4	3	5
Mumps	114	106	97	110	140	143	151	169
Ophthalmia Neonatorum	0	0	1	0	0	2	0	0
Paratyphoid Fever	5	3	2	6	1	1	1	1
Pellagra	1	1	1	1	0	1	2	0
Pneumonia (Lobar)	78	38	39	47	80	47	58	47
Poliomyelitis	4	3	5	5	60	46	44	24
Rabies (Animal)	7	10	11	7	19	15	12	10
Scarlet Fever	151	139	160	134	75	108	100	94
Septic Sore Throat	4	1	1	1	0	0	0	0
Smallpox	8	8	3	3	34	14	25	18
Syphilis	222	174	166	159	120	179	153	152
Tetanus	3	1	0	6	2	1	3	3
Trachoma	10	5	8	3	4	4	107	7
Trichinosis	6	0	0	1	1	1	0	1
Tuberculosis	181	164	186	152	228	212	177	154
Typhoid Fever	25	6	12	14	22	21	15	10
Undulant Fever	5	1	3	2	5	2	5	4
Whooping Cough	69	88	63	127	90	120	103	97
Totals	1,745	1,482	1,562	1,581	1,496	1,521	1,515	1.471

Diphtheria is still running high.

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Scarlet fever is also widely prevalent.

* * *

Whooping cough shows an increased prevalence.

* * *

Influenza shows a slight increase.

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